



# Hanover County Parks & Recreation

## Refund Request Form

Full refunds will be issued for programs that are full or cancelled by the department, if a change in day, time or location prohibits participant's attendance, or if participant withdraws prior to the first class meeting.

If a participant wishes to withdraw from a class/program after the first meeting date, they must do so within two business days, and their refund is subject to a \$5 processing fee.

Refund requests will not be considered once a program has ended.

Refund requests may be considered on a case by case basis.

Refunds may take up to four weeks to process.

Check made payable to (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Activity Name: \_\_\_\_\_

Activity Code: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Reason for refund:

Medical/illness prior to first class meeting       personal conflict prior to first class meeting

Other prior to first class meeting (please explain): \_\_\_\_\_

unsatisfied with class       Medical/illness       personal conflict

Other (please explain): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Department Use Only:

class did not meet minimum     class rescheduled     class full     instructor cancellation

Approved     Denied    Date: \_\_\_\_\_

By: \_\_\_\_\_

Amount of Refund: \$ \_\_\_\_\_